

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90086 019 \*\*\*\*61.25

**DOCUMENT # N31034**

1. Entity Name  
**BEACH HOMES AT VILLAGES OF VILANO**  
**CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**% WHITLEY**  
**247-F SAN MARCO AVE.**  
**ST AUGUSTINE, FL 32084 US**

Mailing Address  
**% MAY MANAGEMENT**  
**5455 A1A1 SOUTH**  
**SAINT AUGUSTINE, FL 32080 US**



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2934584**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MARKS, ANNA**  
**C/O MAY MANAGEMENT, INC.**  
**5455 A1A SOUTH**  
**SAINT AUGUSTINE, FL 32080**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, ANDY	
STREET ADDRESS	110 OCEAN HOLLOW LN #100	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MYETTE, KEVIN	
STREET ADDRESS	110 OCEAN HOLLOW LN #121	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FRIES, LAURA	
STREET ADDRESS	110 OCEAN HOLLOW LN #118	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EVANS, SUSAN	
STREET ADDRESS	110 OCEAN HOLLOW LANE, #316	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PORTER, NANCY	
STREET ADDRESS	110 OCEAN HOLLOW LANE, #112	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jan Vagari	
STREET ADDRESS	110 Ocean Hollow Lane #307	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat Kulley	
STREET ADDRESS	110 Ocean Hollow Lane #121	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Pechar	
STREET ADDRESS	110 Ocean Hollow Lane #311	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Fries	
STREET ADDRESS	110 Ocean Hollow Lane #109	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/06